

EXHIBIT 12

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

L.E., by his next friends and parents,
SHELLEY ESQUIVEL and MARIO
ESQUIVEL,

Plaintiff,

v.

BILL LEE, et al.,

Defendants.

Case No. 3:21-cv-00835

Judge Crenshaw

Magistrate Judge Alistair E. Newbern

DECLARATION OF SAMUEL STEINBRUEGGE, LCSW

I, Samuel Steinbruegge, do hereby declare as follows:

1. I am a licensed clinical social worker, licensed in the States of Tennessee and Alaska. I hold a Master of Science degree in social work from the University of Tennessee. I am a member of the World Professional Association for Transgender Health ("WPATH"), and I have earned certification as a WPATH Global Education Initiative Certified Member, indicating that I have completed specialized education and demonstrated enhanced understanding of the WPATH Standards of Care for caring for and treating transgender clients. I have seven years of clinical experience working with transgender children, adolescents, and adults. I have provided transgender-specific training and education for other professionals and businesses for five years.

2. I began working with L.E. on January 28, 2021. I first completed a thorough biopsychosocial assessment. L.E. disclosed symptoms of gender dysphoria, including a strong desire to be rid of primary sex characteristics; a strong desire to have the primary sex characteristics of another gender; a strong desire to be another gender; a strong desire to be

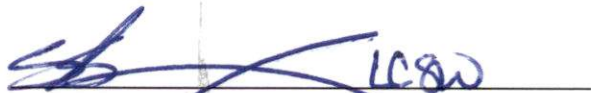
treated as another gender; and a strong conviction that one has the typical feelings and reactions of another gender.

3. L.E.'s gender dysphoria caused clinically significant distress in social functioning, as evidenced by shyness around his peers. L.E. disclosed that he had known he was a boy since 5th grade. L.E. disclosed that he wanted his voice to be deeper and to grow a mustache. His developing chest caused him significant discomfort. L.E. verbalized that he is a boy and would like to be seen as and treated as a male by others. L.E.'s symptoms met criteria for the DSM-V diagnosis of gender dysphoria in adolescence.

4. The assessment indicated that L.E.'s family was supportive of him, and the family had adequate resources and knowledge to support L.E.'s mental health and gender transition from female to male. A timely referral was made to a pediatric endocrinologist for evaluation for gender-affirming puberty suppressing medication for the treatment of gender dysphoria. L.E. continued to have outpatient therapy sessions to provide support for his mental health as he continued to process and express his gender identity, navigate social gender transition more publicly (at school), and identify his goals for gender transition. Outpatient therapy also was utilized to provide psychoeducation about gender dysphoria, its treatments (including risks and benefits), and process potential impacts on future fertility with L.E. and his parents.

5. Based on the above, I have diagnosed L.E. with gender dysphoria.

I declare under penalty of perjury that the foregoing is true and correct. Executed on October 4, 2022.


Samuel Steinbruegge, LCSW